Appendix A

Teacher Referral

The guidance department is in the process of organizing small counseling group for students who need help on their time management and organizational skills. Please refer students who have problems with organization or time management and who would have an increase in academic performance if they had these skills. Students who have low notebook/portfolio grades, low test scores, and excessive tardies/absences can be eligible for this group.

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level/Subject: \_\_\_\_\_\_\_\_\_\_ Planning Time \_\_\_\_\_\_

Please list any students who could benefit from this group. Please rate each student’s need; add comments as appropriate.

Rating Scale:

1 – Needs help immediately

2 – Needs help soon

3 – Needs help sometime this year

**Organization and Time Management**

|  |  |  |
| --- | --- | --- |
| Student Name | Rating | Comments |
|  |  |  |
| Student Name | Rating | Comments |
|  |  |  |
| Student Name | Rating | Comments |
|  |  |  |
| Student Name | Rating | Comments |
|  |  |  |
| Student Name | Rating | Comments |
|  |  |  |

Please complete and return to Guidance and Counseling Office by \_\_\_\_\_\_\_\_\_\_\_\_.

Thank you!

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix B

Read the following statements and circle the statement that best describes you - never (1), sometimes (2), or always (3).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Never | Sometimes | Always |
| I manage my time well. | 1 | 2 | 3 |
| I often turn work in late, or not at all. | 1 | 2 | 3 |
| I tend to lose homework and classwork. | 1 | 2 | 3 |
| I feel like I always have to “cram” for an exam. | 1 | 2 | 3 |
| I use my free time wisely (study, clean, do homework, etc.). | 1 | 2 | 3 |
| My grades would increase if I was better organized. | 1 | 2 | 3 |
| I keep a well-organized notebook. | 1 | 2 | 3 |
| I am often late for class. | 1 | 2 | 3 |
| I wait until the last minute to work on assignments. | 1 | 2 | 3 |
| I use a planner or calendar to organize my assignments and activities. | 1 | 2 | 3 |

Appendix C

**Permission to Participate in Group**

**Counseling Services**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child has chosen to participate in an organization and time management skill building group. This class will last for 6 sessions, meet for 60 minutes per session, and will help your child learn about:

* How to become a better organized student.
* How to learn time management skills.
* How to use certain ideas and techniques to help him or her be more successful in the classroom.

I **do** give my permission for my child to participate in this group.

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **do not** give my permission for my child to participate in this group.

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have any questions, please call the school Counselor.**

*Adapted from schoolcounselor.org*

Appendix D

**Guidelines/Ground Rules for Our Group**

The following Ground Rules are suggestions to help generate additional group ground rules. Group members will delete and/or add items. It is anticipated that the ground rules will be slightly different for each topic group. The ***What it “Looks Like”*** and ***What it “Sounds Like”*** columns are included in order to allow group members to express in their own words what each rule means.

|  |  |  |
| --- | --- | --- |
|  | What is “looks like” | What it “sounds like |
| 1. All group members understand and respect confidentiality. |  |  |
| a. Professional School Counselor |  |  |
| b. Group members |  |  |
| 2. One person speaks at a time. |  |  |
| 3. Everyone has an opportunity to participate and share. |  |  |
| 4. No “Put-Downs” are allowed (e.g. snickering, name calling, negative comments, etc.) |  |  |
| 5. All group members will treat each other with respect. |  |  |
| 6. Make every effort to be on time |  |  |
| 7. All group members are encouraged to actively participate |  |  |
| 8. Group members have the right to pass on an issue |  |  |
| 9. Group members will be encouraged to have an open mind and accept where other group  members are in their development. |  |  |
| 10. Group members will have the opportunity to develop other guidelines. |  |  |
| a. |  |  |
| b. |  |  |

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix E

SMALL GROUP SESSION FOLLOW-UP FORM

**Topic: Organization and Time Management** Session # \_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today I met with my school counselor and other group members.

Session Goal:

Today we talked about the following information during our group:

Group Assignment:

I will complete or practice the following at school and/or at home before our next session:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our next group meeting will be:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments:

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix F

Follow-up Interview with Student

How are things going?

What specific skills are you practicing now that the group is over?

What was the most useful thing you learned from the group?

What could you use more practice on?

How are things different for you now?

What is better?

What is worse?

What Progress have you made toward the goals you set for yourself at the end of our group meetings?

How are you keeping yourself accountable?

What suggestions do you have for future groups?

Rank your overall experience on a scale from (low) 1 to 5 (high): \_\_\_\_\_\_

5 = Most positive activity in which I have participated for a long time

4 = Gave me a lot of direction with my needs

3 = I learned a lot about myself and am ready to make definite changes

2 = I did not get as much as I had hoped out of the group

1 = The group was a waste of my time

What specific “things” contributed to the ranking you gave your experience in the group? What

would have made it better?

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix G

TEACHER POST-GROUP PERCEPTIONS FORM

One or more of your students participated in a small counseling group about organization and time management. We are seeking your opinion about the effectiveness of the group e.g., students’ relationship with the professional school counselor and other participants in the group and your observations of students’ behavioral/skill changes (positive or negative). We appreciate your willingness to help us meet the needs of all students effectively. The survey is anonymous unless you want us to contact you.

Teacher’s Name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Professional School Counselor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before the group started, I hoped students would learn:

While students were participating in the group, I noticed these changes in their behavior/attitude:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What do you think? | 5=high |  |  |  | 1=low |
| Overall, I would rate my students’ experience in the counseling group as: | 5 | 4 | 3 | 2 | 1 |
| Students enjoyed working with other students in the group. | 5 | 4 | 3 | 2 | 1 |
| Students enjoyed working with the counselor in the group. | 5 | 4 | 3 | 2 | 1 |
| Students learned new skills and are using the skills in school. | 5 | 4 | 3 | 2 | 1 |
| I would recommend the group experience for other students. | 5 | 4 | 3 | 2 | 1 |

Additional comments for the counselor:

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix H

Request for Feedback from Parents/Guardians

Organization and Time Management

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

I have enjoyed getting to know your child in our small group counseling sessions. Next week will be the last session for our group. During the group sessions we shared information related to a variety of topics. Below is a list of topics discussed during the group sessions.

Session 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attached is a feedback form. I would appreciate input from you about your child’s experience in the small group. Please complete the attached **Parent/Guardian Feedback Form** and send the completed form back to school with your child by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your support and feedback. Please contact me if you have questions or concerns.

Sincerely,

Professional School Counselor

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix I

**Parent/Guardian Feedback Form**

Your child participated in a small counseling group about \_\_\_\_\_\_\_\_\_\_\_\_\_. Was this group experience helpful for your child? Following is a survey about your observations of changes (positive or negative) your child made at home while participating in the group at school and since the group ended. The survey will help us meet the needs of all students more effectively. The survey is anonymous unless you want the school counselor to contact you. We appreciate your willingness to help us.

Professional School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Organization and Time Management

Before the group started, I hoped my child would learn:

I’ve noticed these changes in my child’s behavior and/or attitude as a result of participating in the group:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What do you think? | 5=high |  |  |  | 1=low |
| Overall, I would rate my child’s experience in the  counseling group as: | 5 | 4 | 3 | 2 | 1 |
| My child enjoyed working with the other students in the  group. | 5 | 4 | 3 | 2 | 1 |
| My child enjoyed working with the counselor in the  group. | 5 | 4 | 3 | 2 | 1 |
| My child learned new skills and is using the skills in and  out of school. | 5 | 4 | 3 | 2 | 1 |
| I would recommend the group experience to other  parents whose children might benefit from the small group. | 5 | 4 | 3 | 2 | 1 |

Additional Comments:

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix J

**GROUP MEMBER FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP**

We want your opinion about the effectiveness of your group. We appreciate your willingness to help us make our work helpful to all students. The survey is anonymous unless you want us to contact you.

My Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Professional School Counselor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization and Time Management

Before the group started, I wanted to learn:

Because of the group, I have noticed these changes in my thoughts, feelings, actions:

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What do you think? | 5=high |  |  |  | 1=low |
| Overall, I would rate my experience in the counseling group as: | 5 | 4 | 3 | 2 | 1 |
| I enjoyed working with other students in the group. | 5 | 4 | 3 | 2 | 1 |
| I enjoyed working with the counselor in the group. | 5 | 4 | 3 | 2 | 1 |
| I learned new skills and am using the skills in school | 5 | 4 | 3 | 2 | 1 |
| If other students ask me if they should participate in a similar group, I would recommend that they “give-it-a-try” | 5 | 4 | 3 | 2 | 1 |

Additional comments:

Adapted from Missouri Comprehensive Guidance Programs.

<http://www.missouricareereducation.org/doc/smallgroup/SmallGroupCounseling.pdf>

Appendix K

Each day, write something you have done that helps you achieve your goal.

|  |  |  |
| --- | --- | --- |
| Day | Activity | Time spent on Activity |
| W |  |  |
| Th |  |  |
| F |  |  |
| S |  |  |
| S |  |  |
| M |  |  |

Where were you successful in completing your goal?

Where could you have worked harder to meet your goal?

Appendix L

Session 2 – Pre/Post Assessement

|  |  |  |  |
| --- | --- | --- | --- |
|  | Always | Sometimes | Never |
| I understand what it means to be organized. |  |  |  |
| I can explain “organization”. |  |  |  |
| I understand what it means to have good time management. |  |  |  |
| I can explain “time management.” |  |  |  |
| I have a hard time organizing my papers and assignments. |  |  |  |
| I have difficulty using my time wisely. |  |  |  |

Circle the answer that best describes you (Always=1, Sometimes=2, Never=3)

Appendix M

If you had three wishes what would you wish for?

If you could travel to the future or past, where in time would you want to go?

Which wild animal would you keep as a pet and why?

Which is your dream vacation place?

Name your favorite cartoon character.

What would be your ideal job and why?

Name one unique thing about yourself.

Who is your hero?

Appendix N

Session 3 – Pre/Post Assessment

Circle the answer that best describes you (Always=1, Sometimes=2, Never=3)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Always | Sometimes | Never |
| My grades would improve if I had better organizational skills. | 1 | 2 | 3 |
| My grades would improve if I had better time management skills. | 1 | 2 | 3 |
| I use a three-ring binder to organize my assignments and classroom papers. | 1 | 2 | 3 |
| I use my agenda to write down my assignments. | 1 | 2 | 3 |